

# 2024 Bi-Weekly Paycheck Contributions

Below are the bi-weekly paycheck contributions for medical, dental and vision coverage.\*

Medical					
	Choice Plus Savings Plan	Surest Plan	Choice Exclusive (EPO) Plan	Choice Plus Preferred (PPO) Plan	Kaiser HMO (California Only)
Employee only	\$4.62	\$50.22	\$66.50	\$96.00	\$58.31
Employee + 1	\$28.09	\$117.50	\$147.25	\$206.40	\$117.03
Employee + 2	\$39.83	\$173.71	\$190.00	\$268.80	\$174.92
Family	\$51.57	\$229.93	\$273.32	\$367.25	\$233.21

Dental		
	Cigna PPO	Cigna DHMO
Employee only	\$8.32	\$4.64
Employee + 1	\$16.60	\$9.27
Employee + 2	\$23.46	\$13.38
Family	\$26.42	\$14.77

UHC Vision Plan	
Employee only	\$3.21
Employee + 1	\$5.86
Employee + 2	\$10.17
Family	\$10.17

\*Please note that if you cover your domestic partner and/or your domestic partner's children, this will be a taxable benefit.